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SECRETARY OF STAIL DIVISION OF COMPORATIONS

JUL 8 2015 C LEWIS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Clay Liquors Inc.	c					
DOCUMENT NUMBER: P15000041093						
The enclosed Articles of Amendment and fee are	submitted for filing.					
Please return all correspondence concerning this r	matter to the following:					
Billy Stewart						
	Name of Contact Person	1				
	Firm/ Company					
8031 Ebersol Rd	8031 Ebersol Rd					
	Address					
Jacksonville, FL 32216		·				
	City/ State and Zip Code	e				
vandbacc@gmail.com						
E-mail address: (to be	used for future annual report	notification)				
For further information concerning this matter, ple	ease call:					
Billy Stewart	at (⁹⁰⁴	509-1855				
Name of Contact Person	Area Co	de & Daytime Telephone Number				
Enclosed is a check for the following amount mad	e payable to the Florida Depa	rtment of State:				
\$35 Filing Fee Certificate of Status	_	Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS

15 JUN 26 PH 3: 27

Clay Liquors Inc		19 30W 50 TH 0 E
(Name	of Corporation as curren	tly filed with the Florida Dept. of State)
P15000041093		
1 Description of the second section of the section of the second section of the section of the second section of the s	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607 its Articles of Incorporation:	.1006, Florida Statutes, this	s Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new n	ame of the corporation:	
		The new
	nation "Corp," "Inc," or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. <u>Enter new principal office address,</u> (<i>Principal office address <u>MUST BE A S</u></i>		
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		
	<u>977749 9979</u>	
		<u></u>
D. If amending the registered agent ar		
new registered agent and/or the ne		<u>19:</u>
Name of New Registered Agent	Falguniben R Patel	
	586 Timber Trace Ct	
	(Florida si	ireet address)
New Registered Office Address:	Orange Park	, Florida 32073
		(City) (Zip Code)
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regis		t: with and accept the obligations of the position.
, , , , , , , , , , , , , , , , , , , ,		
X	(1/Q)	
	17 (10mg	
	∨ Signature of New .	Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>\$V</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	Rupesh V Patel	586 Timber Trace Ct
Add			Orange Park, FL 32073
X Remove			
2) Change	P	Falguniben R Patel	586 Timber Trace Ct
X Add			Orange Park, FL 32073
Remove			**************************************
3)Change	D	Pankil N Shah	336 Stonehurst Pkwy
XAdd			St Augustine, FL 32092
Remove			eter and addition of the second secon
4) Change	-		
Add			AND ADDRESS OF THE COLUMN AND ADDRESS OF THE
Remove			
5) Change			
Add			
Remove			
6) Change	****		
Add			
Remove			

	f amending or adding additional Artic Attach additional sheets, if necessary).	(Be specific)
f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	, , , , , , , , , , , , , , , , , , ,	(
[an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		
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		/24/2015					
The date of each amendment(s) a date this document was signed.	doption:				0	SECRETAR IVISION OF	First other than the Y OF STAIR SORPORALIONS
Effective date if applicable:							
		(no more	than 90 day.	s after amendment	file date)	15 JUN 26	5 PM 3: 21
Note: If the date inserted in this is document's effective date on the De				statutory filing req	uirements,	, this date wil	I not be listed as the
Adoption of Amendment(s)	(<u>C</u>)	HECK ONE	Ð				
The amendment(s) was/were add by the shareholders was/were st			rs. The numi	ber of votes cast fo	r the amer	dment(s)	
☐ The amendment(s) was/were app must be separately provided for							
"The number of votes cast	for the amo	endment(s) w	vas/were suff	icient for approval			
by		oting group)			17		
	(ve	oting group)					
☐ The amendment(s) was/were add action was not required.	opted by the	e board of di	rectors witho	out shareholder acti	ion and sh	areholder	
☐ The amendment(s) was/were add action was not required.	opted by the	e incorporato	ors without st	nareholder action a	nd shareho	older	
6/24/2015							
Dated				-			
a: / X	(+)	(1 htc)					
Signature	lirector bre		A	f directors or office	ers have n	ot been	
				ls of a receiver, tru			
appoin	ted fiduciar	ry by that fid	uciary)				
	Falguniber	n R Patel					
	***************************************	(Typed or p	rinted name	of person signing)			
	President	onei	R				
			(Title of per	son signing)			